

**PERSONAL SUPERANNUATION SCHEME  
FUTURE LIFESTYLE PLAN**

**Withdrawal Form**

**Which product do you have an investment? (select one):**

**Please complete a separate form for each of these if you are invested in both and want to change both.**

Future Lifestyle Plan (FLP)       Personal Superannuation Scheme (PSS)

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the email address above.

Once we have received your withdrawal request and it is approved, we will make a payment directly to your nominated bank account (note that we do not send payments via cheque). Your request is deemed to be received when a completed form is received by the Manager and all verifications have been completed. If there are any issues with your withdrawal request we will contact you.

\*These fields must be completed      ^Complete if joint membership

**(a) Your personal details**

\*Plan number

\*Title

Mr  Mrs  Ms  Miss  Dr  Other

\*Date of birth

\*First names

\*Surname

\*IRD number

\*Prescribed Investor Rate (PIR)  10.5%  17.5%  28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. Please note: For joint accounts the PIR used to calculate tax on your withdrawal will be the highest rate of the joint investors. Future Lifestyle Plan is not a Portfolio Tax Entity, Prescribed Investor Rate are not required. If you're unsure of your PIR, please go to [ird.govt.nz/pir](http://ird.govt.nz/pir) or contact your Adviser or Inland Revenue.

^Title

Mr  Mrs  Ms  Miss  Dr  Other

^Date of birth

^First names

^Surname

^IRD number

^Prescribed Investor Rate (PIR)  10.5%  17.5%  28%

\*Name of Entity (for Trusts, partnerships or companies)

\*Postal address

  


\*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

\*Email

## (b) Payment instructions

Name (of bank account)

Bank account from which payments to be made

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We require a bank-encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number. The bank account must be a NZ bank account in your name or be a joint account incorporating your name.

If Lifetime Asset Management already has proof of a verified bank account on record you may not be required to send proof in again. If you are unsure please call free **0800 266 268** or email [lifetime@linkmarketservices.com](mailto:lifetime@linkmarketservices.com)

## (c) Withdrawal details

You must ensure that your plan will retain the minimum balances after the withdrawal. Money held may be subject to withdrawal restrictions. Tax liability may impact this minimum balance. Any owing tax will be deducted at the time of your withdrawal.

I request:

20% of the balance

A partial withdrawal of \$

Note: The minimum amount for partial withdrawal is \$500.

An entire account balance

A regular withdrawal of \$  Frequency:  Monthly  Quarterly

Start date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: The minimum regular withdrawal is \$100.

I direct Lifetime to withdraw funds from the following investment options:

Personal Superannuation Scheme (PSS)

Future Lifestyle Plan (FLP)

Fund(s) to be withdrawn from	All (tick)	or Dollar amount
<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>

If you are withdrawing your entire balance, do you wish to close your account? Yes  No

## (d) Identity and Address Verification

You need to fill this section out if Lifetime Asset Management does not have valid (current) ID verification information on record.

If you are unsure please call free **0800 266 268** or email **lifetime@linkmarketservices.com**

Lifetime has current proof of identity on record.

Lifetime has current proof of address on record.

If Lifetime does not have current records please fill out the following form.

### Proof of Identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing). **If you cannot provide a document from Option 1, then complete Option 2 or 3.**

**Option 1:**  ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

**Option 2:**  NZ Driver's Licence **PLUS** (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 12 months

**Option 3:**  Government issued birth certificate OR citizenship **PLUS** (ONE of the documents from this section)

<input type="checkbox"/> 18+ Identity card	<input type="checkbox"/> Valid international driving permit
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### Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to show the **residential address** detailed in section (a) and be dated within the last 12 months.

Letter or invoice from utility company       Bank statement       Letter from government agency (e.g. Inland Revenue, rates bill)

### Verification of identity electronically

**In order to verify your identity and address electronically, please provide us with a copy of your NZ passport or driver's licence.**

Note: All electronically verification documents must be New Zealand documents and current (i.e. not expired).

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not have a New Zealand passport or drivers licence, and your proof of address is not a New Zealand document, we are unable to electronically verify. For Lifetime to verify your identity and address, you will need to provide the documents above which have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

I will attach certified documents to verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, your documents are to be certified by one of the following trusted referees: Member of the Police, Registered Medical Doctor, Registered Teacher, Lawyer, New Zealand Honorary Consul, Chartered Accountant, Justice of the Peace, Kaumatua, Minister of Religion, Notary Public, Member of Parliament, a person who has the legal authority to take statutory declarations, Commonwealth representative (under the Oaths and Declarations Act)

### (e) Privacy

The personal information you provide in this form (your information) will be collected and held in accordance with the Privacy Act 2020 by Retirement Income Group Limited and its subsidiaries (Retirement Income Group) who may use and disclose your information to any other party (including scheme supervisors, and regulatory or government agencies). Your information may be used and disclosed to administer and manage your investments, comply with any law applying to the Retirement Income Group or the products and services they provide to you, promote to you this or other products within the Retirement Income Group, or otherwise for any other reason in accordance with the Retirement Income Group's privacy statement which can be found at [www.lifetimeincome.co.nz/about-us/privacy/](http://www.lifetimeincome.co.nz/about-us/privacy/).

You can choose not to provide us with your information. However, if you do not provide us with your information, we may not be able to process this request. You can request access to view or correct your information. To do so, please contact the Retirement Income Group's Privacy Officer by emailing [retire@lifetimeincome.co.nz](mailto:retire@lifetimeincome.co.nz).

I agree that this information may be collected, held and disclosed for these purposes.

### (f) Advice

\*Have you received financial advice in making this decision?  
If yes, please ensure your Adviser completes Section (h).

Yes  No

### (g) Member's signature

I apply to the Manager of the Scheme to withdraw the amount referred to within this form.

I certify the information given in this form is true and correct. I indemnify Lifetime Asset Management Limited as Manager of the Scheme and The New Zealand Guardian Trust Company Limited as the Supervisor, for any loss incurred or damage suffered by it or any other party resulting from any false or incomplete information given in this form.

1. I understand that if Lifetime accepts these investment instructions, they will be implemented as soon as possible after Lifetime has received them, and will apply until I advise Lifetime otherwise.
2. I acknowledge that any fees payable will be deducted from my account.
3. I acknowledge that tax will be calculated and debited (where appropriate).
4. I acknowledge that if for any reason Lifetime is not able to accept or process these investment instructions, Lifetime will contact me. Until such time as these investment instructions are accepted and processed by Lifetime, any contributions I make will be invested in accordance with the existing investment instructions.
5. I acknowledge that none of my employer, the Supervisor, or the Manager guarantee the performance of the investment funds selected.
6. I confirm that the above information is correct and I request that Lifetime update its records to reflect the changes specified in this form.

\*Member's signature

SIGN HERE

\*Date

D D M M Y Y Y Y

^Member's signature

SIGN HERE

^Date

D D M M Y Y Y Y

